MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM



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**ADVISORY - Important Information **

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TO: All Maine Health Alert Network Recipients

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SUBJECT: Update on H1N1 and Guidance for Communities with Confirmed H1N1

Influenza A Virus

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Update on H1N1

In light of H1N1's arrival in Maine and the resulting closure of at least one school and day care, this health advisory is to review the major steps we ask that people and organizations in Maine take.

The most important strategies to minimize swine flu's impact in Maine are those of **vigilant respiratory hygiene**: covering coughs and sneezes with sleeves or a tissue; washing hands frequently; and staying home if ill, especially with a fever.

Additionally, everyone should **stay informed** since this event is rapidly changing and resulting guidance is as well. The U.S. CDC's website has updated national information and guidance, and can be found at: http://www.cdc.gov/swineflu/. Maine CDC's website has updated Maine-specific information, including daily updates starting later today, as well as links to federal information. It can be located at: http://www.maine.gov/dhhs/boh/swine-flu-2009.shtml or found on the Maine CDC's homepage: www.mainepublichealth.gov.

Importantly, everyone should also make preparations. These preparations include activating a pandemic influenza plan. Every hospital, other health care institution, emergency management agency, school business, agency or organization should activate their pandemic influenza plan. Every individual and family should also activate their plan. If one does not exist, then preparation check lists for a variety of settings including individuals, homes, businesses, and schools can be found at: http://www.pandemicflu.gov/plan/checklists.html. These plans generally call for such measures as ensuring adequate critical supplies are on hand and preparing for higher than normal absenteeism.

Health care providers should call Maine CDC's 24-hour clinical consultation line (1-800-821-5821) to report a suspected case and obtain testing information including expediting the transportation of samples for testing. Maine CDC's Health and Environmental Testing Laboratory (HETL) will perform influenza RT-PCR tests and subtyping for influenza A positive specimens. Instructions on collecting and submitting laboratory diagnostic specimens for H1N1 influenza testing are available at http://www.maine.gov/dhhs/etl/micro/submitting samples.htm.

Additional Information

For additional information about the current influenza outbreak, see: http://www.cdc.gov/swineflu/ or http://www.maine.gov/dhhs/boh/swine-flu-2009.shtml. Those with general questions may also call our information support line at **1-888-257-0990 from 9am to 5pm**. For additional information about CDC's investigation of the current H1N1 outbreak, see http://www.cdc.gov/swineflu/investigation.htm.

For Communities Where H1NH Has Been Identified

The previously published United States government guidance on community mitigation (http://www.pandemicflu.gov/plan/community/commitigation.html) relies on knowledge of the Pandemic Severity Index (PSI) to characterize the severity of a pandemic and identify the recommendations for specific interventions that communities may use for a given level of severity, and suggests when these measures should be started and how long they should be used.

The substantial difference in the severity of the illness associated with infections from the same virus, the relatively low number of cases detected in the United States, and insufficient epidemiologic and clinical data to ascribe a PSI, present a formidable challenge in terms of assessing the threat posed by this novel influenza A virus until additional epidemiologic and virologic information is learned.

Novel influenza A virus infections in humans, including swine influenza A (H1N1) virus, represent a pandemic threat. Recognizing the historical precedent for the emergence of a pandemic influenza virus which could have waves of disease with different morbidity and mortality and epidemiologic profiles, public health departments in the United States must remain vigilant.

It is prudent for communities to act in the absence of sufficient data to protect their people and take advantage of a narrow window of opportunity for intervention. CDC recommends that affected states with at least one laboratory-confirmed case of swine influenza A (H1N1) virus infection consider activating community mitigation interventions for affected communities. As public health officials in the United States learn more about this emerging virus, updated guidance will be issued in conjunction with our state, local, tribal and territorial partners.

Recommendations for When Human Infection with Swine Influenza A (H1N1) Virus is Confirmed in a Community

Strongly Recommend Home Isolation of Cases:

- Persons who develop influenza-like-illness (ILI) (fever with either cough or sore throat) should be strongly encouraged to self-isolate in their home for 7 days after the onset of illness or at least 24 hours after symptoms have resolved, whichever is longer. Persons who experience ILI and wish to seek medical care should contact their health care providers to report illness (by telephone or other remote means) before seeking care at a clinic, physician's office, or hospital. Persons who have difficulty breathing or shortness of breath or are believed to be severely ill should seek immediate medical attention.
- If ill persons **must** go into the community (e.g., to seek medical care) they should wear a face mask to reduce the risk of spreading the virus in the community when they cough, sneeze, talk or breathe. If a face mask is unavailable, ill persons needing to go into the community should use a handkerchief or tissues to cover any coughing.
- Persons in home isolation and their household members should be given infection control instructions: including frequent hand washing with soap and water. Use alcohol-based hand gels (containing at least 60% alcohol) when soap and water are not available and hands are not visibly dirty. When the ill person is within 6 feet of others at home, the ill person should wear a face mask if one is available and the ill person is able to tolerate wearing it.

Regarding Household Contacts:

- Household contacts who are well should:
 - 1. remain home at the earliest sign of illness:
 - 2. minimize contact in the community to the extent possible:
 - 3. designate a single household family member as the ill person's caregiver to minimize interactions with asymptomatic persons.

School Dismissal and Childcare Facility*Closure:

- Dismissal of students should be strongly considered in schools with a confirmed or a suspected case epidemiologically linked to a confirmed case.
- Decisions regarding broader school dismissal within these communities should be left to local authorities, taking into account the extent of ILI in the community.

- If the school dismisses students or a childcare facility closes, they should also cancel all school or childcare related gatherings and encourage parents and students to avoid congregating outside of the school.
- Schools and childcare facilities should dismiss students for a time period to be evaluated on an ongoing basis depending upon epidemiological findings.
- Schools and childcare facilities should consult with their local or state health departments for guidance on reopening. If no additional confirmed or suspected cases are identified among students (or school-based personnel) for a period of 7 days, schools may consider reopening.
- Schools and childcare facilities in unaffected areas should begin to prepare for the possibility of school dismissal or childcare facility closure. This includes asking teachers, parents and officials in charge of critical school-associated programs (such as meal services) to make contingency plans.

Other Social Distancing Interventions:

- Large gatherings linked to settings or institutions with laboratory-confirmed cases should be cancelled, for example a school event linked to a school with cases; other large gatherings in the community may not need to be cancelled at this time.
- Additional social distancing measures are currently not recommended.
- Persons with underlying medical conditions who are at high risk for complications of influenza may wish to consider avoiding large gatherings.

Advice for those who are sick:

The U.S. CDC gives the following guidance:

- If you live in areas where swine influenza cases have been identified and become ill with influenza-like symptoms, including fever, body aches, runny nose, sore throat, nausea, or vomiting or diarrhea, you may want to contact their health care provider, particularly if you are worried about your symptoms. Your health care provider will determine whether influenza testing or treatment is needed.
- If you are sick, you should stay home and avoid contact with other people as much as possible to keep from spreading your illness to others.
- If you become ill and experience any of the following warning signs, seek emergency medical care
- In children emergency warning signs that need urgent medical attention include:
- o Fast breathing or trouble breathing
- o Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- o Being so irritable that the child does not want to be held
- o Flu-like symptoms improve but then return with fever and worse cough
- o Fever with a rash
- In adults, emergency warning signs that need urgent medical attention include:
- o Difficulty breathing or shortness of breath
- o Pain or pressure in the chest or abdomen
- Sudden dizziness

- Confusion
- Severe or persistent vomiting

These recommendations are subject to change as additional epidemiological and clinical data become available.

*Childcare facility: centers and facilities that provide care to any number of children in a nonresidential setting, large family childcare homes that provide care for seven or more children in the home of the provider and small family childcare homes that provide care to six or fewer children in the home of the provider.

Additional information can be found at the following Web sites:

- Interim Recommendations for Facemask and Respirator Use in Certain Community Settings Where Swine Influenza A (H1N1) Virus Transmission Has Been Detected
- MMWR: Prevention and Control of Influenza: Recommendations of the Advisory Committee on <u>Immunization Practices (ACIP), 2008</u>
 MMWR July 17, 2008 / 57(Early Release);1-60
- Interim Guidance on Antiviral Recommendations for Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection and Close Contacts
- Interim Guidance for Swine influenza A (H1N1): Taking Care of a Sick Person in Your Home